



FORT MCCOY NCO ACADEMY STUDENT IN-PROCESSING SHEET



Report Date: _____ Name: _____ DOB: _____
(YYYYMMDD) (LAST, FIRST, MI, Suffix) (YYYYMMDD)

Gender: _____ Age: _____ SSN: _____ DoD ID#: _____

Enterprise Email: _____ Cell Phone #: _____
(john.doe.mil@mail.mil)

Grade / Rank: _____	Primary MOS: _____	Component: USAR	Status: AGR
		NG	TPU / MDAY
		AC	AC
Profile:	Promotable?:	Transportation method:	
Yes	Yes	POV	Air
No	No	Passenger	Bus

Departing flight Date/ Time _____ Battle Room # _____ Barracks Room # _____
(Filled by CADRE): _____ (Filled by CADRE): _____
_____/_____
(YYYYMMDD) (HH:MM)

Home Street Address: _____ City: _____ State: _____ Zip Code: _____

Unit Name: _____ Unit (UIC): _____

Unit Street Address: _____ City: _____ State: _____ Zip Code: _____

Unit 1st Sergeant Name: _____ Unit First Sergeant Phone: _____

Currently Holding a 2S position?

Yes No



***** Academy Staff Use Only *****

3 Copies of Orders (including any amendments)

2S Memorandum

Flight Itinerary (IF YOUR FLIGHT IS EARLIER THAN 1300 HRS ON GRADUATION DAY, YOU NEED TO RESCHEDULE THE FLIGHT FOR AFTER 1300 HRS. CALL THIS NUMBERS: (608)388-2370 OR 800-927-6343

DOD Cyber Awareness Certificate - <https://ia.signal.army.mil>

Security eligibilty verification memorandum

75R Acceptable Use Policy